Nursery manager’s guide to infection control

Working together to promote good hygiene in nurseries

www.ndna.org.uk

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Acknowledgements

National Day Nurseries Association (NDNA) has developed this guide in partnership with RB, the makers of Dettol. It has been approved by the Infection Prevention Society (IPS). Much of the content is drawn from Keep it clean and healthy – which provides infection prevention and control guidance for childcare providers in England. The information has been adapted and expanded to suit the needs of nursery managers throughout England and Wales. It reflects current legislation and the latest government recommendations concerning childcare. This guide is not designed for use in Scotland. Scottish nurseries should be aware of and follow the guidance Infection prevention and control in childcare settings (day care and childminding settings) published by Health Protection Scotland, which the Care Inspectorate promotes as good practice in Scotland.

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- National Day Nurseries Association (NDNA)
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National Day Nurseries Association (NDNA) is a national charity and membership association promoting quality care and early learning for children in nurseries across the UK. NDNA’s vision is a society where all children and families receive the best quality care and learning that enables them to reach their full potential. NDNA’s mission is to support the delivery of quality care and early learning for children across the UK. NDNA supports its members to develop their quality of care and run healthy sustainable businesses by providing information, training and support. NDNA works closely with its members to represent the sector to government, local authorities and the media. NDNA also offers training and quality improvement programmes to support nurseries, including food hygiene training. Find out more at www.ndna.org.uk.

The Infection Prevention Society (IPS) is a charitable organisation that works to promote education in infection control and prevention for the benefit of the community, by providing training courses, accreditation schemes, education materials, meetings and conferences. Its mission is to inform, promote and sustain expert infection prevention policy and practice in the pursuit of safety wherever care is delivered. Its vision is that no person is harmed by a preventable infection. For more information about the IPS, visit www.ips.uk.net.

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Definitions

Antibacterial A product or process that kills bacteria or inhibits their growth.
Cleaning/cleaner A physical process or product that removes visible dirt from an inanimate object.
Contamination The presence of germs on a body, surface or object, or in food or water.
COSHH regulations The laws concerning the Control of Substances Hazardous to Health, which require employers to assess and control the risks arising from substances in the workplace that may cause harm if they are inhaled, ingested, come into contact with, or are absorbed through the skin.
Decontamination The process of destroying or removing germs (through cleaning, disinfecting or sterilising) to make an item or surface safe for its intended use. Successful decontamination doesn’t necessarily kill or remove all germs, but reduces them to a level that is not harmful to health.
Detergent A cleansing agent that removes dirt.
Disinfectant A chemical agent used to kill germs on surfaces and reduce them to a level that is not harmful to health.
Early Years Foundation Stage (EYFS) The learning, development and welfare requirements that childcare providers in England must comply with.
Hygienic cleaner A product used to remove dirt and destroy germs on surfaces.
Incubation period The time between exposure to germs and the appearance of infection symptoms.
Notifiable disease Any infectious disease identified by the Public Health (Infectious Diseases) Regulations 1988.
National Minimum Standards The welfare requirements that childcare providers in Wales must comply with.
Parent Anyone who has parental responsibility for a child, or who has care of a child.
Staff Everyone who works in the nursery, including parent helpers and assistants.
Sterile Free from all living germs.
I am delighted to present the Nursery manager’s guide to infection control, which has been developed by National Day Nurseries Association (NDNA) in partnership with RB, the makers of Dettol, and approved by the Infection Prevention Society (IPS). This guide is aimed at nursery managers throughout England and Wales. It provides practical advice on preventing and controlling infections in nurseries. It also gives advice about managing outbreaks of some of the more common or problematic infections that may arise. It includes some activities that (if appropriate for their age and stage of development) you can carry out with children to help educate them about avoiding infections and staying healthy. It also includes activities that encourage you to reflect on your current practices and reinforce your own learning.

The legislative framework that requires employers to implement safe working systems and control infections in their workplace is provided by the Health and Safety at Work Act 1974 and the Public Health (Control of Disease) Act 1984. The Management of Health and Safety at Work Regulations 1992, requires employers to carry out risk assessments and to implement appropriate control measures to minimise risks. Childcare regulatory authorities in England and Wales (Ofsted and CSSIW) require nursery managers to carry out risk assessments and to make necessary adjustments to secure safety at all times. In nurseries, appropriate control measures should include the provision of:
- appropriate personal protective equipment for staff (e.g. gloves and aprons)
- suitable hand-washing facilities for staff and children
- safe waste disposal
- policies for managing outbreaks of infectious diseases, e.g. vomiting and diarrhoea.

This guide could help you to develop your own policies and training on infection control issues. NDNA provides a variety of policy and procedure templates created specifically for nurseries on many of the other areas covered in this publication. For further information, visit www.ndna.org.uk.

Purnima Tanuku OBE
Chief Executive, NDNA

### Key contacts and organisations

| CCDC | The Consultant in Communicable Disease Control (or Consultant in Health Protection CiHP) is appointed as the ‘Proper Officer’ to the local authority and has a variety of powers under the Public Health Act 1984 (updated by the Health and Social Care Act 2008). Working within the local Health Protection Unit or Team, they can advise you about preventing infections, and (once notified) investigate and manage outbreaks. |
| CSSIW | The Care and Social Services Inspectorate Wales regulates and inspects early years providers in Wales against the National Minimum Standards. |
| DfE | The Department for Education is the UK government department responsible for education and children’s services. |
| EHO | The Environmental Health Officer works within the local authority’s Environmental Health Department. Their duties include the investigation and control of suspected outbreaks of food poisoning. They can inspect food preparation and storage premises, give advice about food hygiene and take legal action against those who breach food safety laws. |
| FSA | The Food Standards Agency is the government agency responsible for food safety and hygiene across the UK. It works with local authorities to enforce food safety rules. |
| HPA | The Health Protection Agency is the UK body that works to protect the public from infections and other dangers to health by providing support and advice to government, the NHS and local authorities. In England, the HPA provides local health protection services via its Health Protection Units. In Wales, the National Public Health Service for Wales works with the HPA to provide local services via its Health Protection Teams. |
| Ofsted | The Office for Standards in Education, Children’s Services and Skills is the government department responsible for the inspection and regulation of early years provision and registered childcare in England. Since September 2010, Ofsted has transferred its responsibility for inspection and registration visits to two early years inspection service providers. Tribal Group plc inspects early years providers in the south of England, and Prospects Services Limited inspects those in the midlands and the north. |
Infection and hygiene

Preventing and controlling infections in nurseries can be problematic. Young children are particularly susceptible to infections because their immunity is still developing. They also have close and frequent contact with other children and staff, so illness can spread easily. Fortunately, there are several things that nurseries can do to help keep children healthy, including:

- recommending children and staff receive their routine immunisations
- implementing effective hygiene procedures
- excluding infectious children and adults from the nursery, when appropriate
- ensuring prompt and appropriate treatment of illness.

It is a statutory requirement that childcare providers ensure the safety and wellbeing of children in their care and take necessary steps to prevent the spread of infection. This guide will help you, the nursery manager, to fulfil this requirement and minimise the risk of infection in your nursery. You may also like to share the advice with parents.

Where do germs come from?

In the nursery, the main sources of germs are from people, animals, food and water. Viruses only multiply inside the body, but bacteria and fungi can multiply anywhere there is warmth and moisture, and will build up rapidly where water and waste residues accumulate, such as sinks, u-bends, toilets and wet cleaning cloths.

How do infections spread?

People can acquire infections in a variety of ways.

- Direct contact – Some germs spread through close direct contact with an infected person or animal, or by contact with their blood or other body fluids.
- Vertical transmission – Some germs can spread from an infected mother to her baby during pregnancy, delivery or breastfeeding.
- Self-infection – Germs may spread (through contact) from one part of the body to another, (e.g. bladder infections occur when bacteria that normally live in the gut transfer to the urinary tract).
- Inhalation – Some germs spread by inhaling respiratory droplets that people produce when they talk, cough or sneeze. Germs carried in large droplets fall to the ground within a metre of the infected person (e.g. the chickenpox virus) but other germs can travel further in tiny airborne particles (e.g. flu viruses). Some germs can also spread through the air on skin scales shed from our bodies.
- Consumption – Gastrointestinal infections (tummy upsets) can arise from consuming contaminated food or water, or when germs are carried to the mouth on unwashed hands (the faecal-oral route).
- Indirect contact – Infections can spread by touching a surface contaminated with germs (e.g. from blood, faeces, respiratory secretions, raw food or skin scales) and then touching the eyes, nose, mouth or a wound. The surfaces commonly involved are hand and food-contact surfaces, and cleaning utensils. Although germs will eventually die on a dry surface, many species can survive on surfaces long enough to pose a risk of infection (e.g. flu viruses can survive on hard surfaces for up to 3 days).
- Vehicles and vectors – Some animals act as vehicles of infection (e.g. flies and rodents can deposit germs in our food). Others act as vectors (e.g. ticks or mosquitoes) which spread infections by biting us.

How do we stop infections spreading?

The main principles for preventing and controlling infections are concerned with:

- reducing or eliminating sources of infection (e.g. by cooking food properly and keeping contagious children and adults away from the nursery)
- preventing transfer of contamination from these sources (e.g. by using suitable hygiene procedures)
- training all nursery staff to use appropriate hygiene procedures
- educating children and parents about good hygiene practices.

What is a hygiene procedure?

National legislation requires childcare providers to keep their premises and equipment clean. Routine cleaning (e.g. by sweeping, vacuuming or wiping with detergent and water) is necessary to remove dirt and debris, which could otherwise attract pests and help germs to build up. For surfaces in the nursery that are unlikely to be involved in spreading germs from one person to another, either because they are unlikely to be contaminated and/or they have little close contact with people, such as walls and furniture, this type of routine cleaning is often all that is necessary. However, where there is a risk that a surface could become a source of infection, you need to apply an appropriate hygiene procedure. The aim is to reduce the number of germs to a level where there is no longer a threat to health. This level varies depending on the circumstances, and dictates what procedures are required. Hygiene procedures include:

- Heating – Heating (e.g. by hot machine washing) is an effective way to decontaminate items such as clothes, cleaning cloths and other fabrics. Heating (by thorough cooking) can also reduce contamination of foods to a level that is safe for consumption. Generally, the higher the temperature achieved, the more germs are killed.
• **Cleaning** – For many small items, e.g. cooking utensils, cutlery and crockery, you can remove sufficient germs using a cleaning product/detergent and hot water. Cleaning will only remove sufficient germs from an item if you wash all the surfaces and then rinse them thoroughly with clean running water (by hand, or ideally using a dishwasher). Cleaning is not an effective way to decontaminate large or fixed surfaces because you can’t rinse them properly. Wiping surfaces with detergent and water may make them look nicer but it does not kill germs.

• **Disinfecting** – It is not necessary to use disinfectants everywhere. A targeted approach is needed to help destroy germs when there is a risk that a surface could become a source of infection, and when the former methods (heating or cleaning) are inadequate or impractical. This means using disinfectants to help destroy germs on:
  - any large or fixed surface that is often touched by hands or food and cannot be rinsed properly with running water, such as kitchen work surfaces, toilet flushes, toilet seats, taps and handles
  - any surface contaminated by potentially infectious blood or body fluids, such as a nappy-changing mat or a floor soiled with faeces.

It may also be appropriate to use a disinfectant on other potentially contaminated surfaces in the nursery as an added precaution during an outbreak of infection. However, the CCDC would advise you if this were necessary. It is important to be aware that disinfectants vary in their ability to kill germs. When you need to use a disinfectant, you should choose one that will rapidly kill a wide range of germs and make sure it is suitable for the surface you intend to use it on. You must also follow the manufacturer’s instructions carefully and clean away any visible dirt before applying a disinfectant otherwise it may not work properly. Hygienic cleaners (i.e. antibacterial surface cleansers and wipes) that remove dirt and kill germs can be useful. Laundry disinfectants (sanitisers) are also available to help destroy germs on fabrics that won’t withstand a hot wash.

A few germs left on a damp surface can multiply quickly, so it is important to dry surfaces, fabrics and equipment as rapidly as possible after decontaminating them, and to keep them dry.

**What do nurseries need to do?**

Nursery managers should be aware of good hygiene practices and keep staff informed of these. In a group setting, documenting your procedures helps ensure that your staff apply these correctly. It also enables you to provide the childcare regulatory authority (Ofsted or CSSIW) with evidence that you are complying with the statutory welfare requirements. You should:

- obtain information from the HPA and Environmental Health Department, and keep up to date with current recommendations
- include hygiene procedures in staff induction and training
- use notices, posters and staff meetings to promote good hygiene
- display addresses and telephone numbers of key health contacts, including your nearest Accident and Emergency Department (A&E), Health Centre, CCDC and EHO
- keep a record of any children or staff who become ill whilst at the nursery and the action taken
- keep a list of notifiable diseases, and ensure staff are familiar with the local procedures for notifying the CCDC, EHO and your relevant regulatory authority (Ofsted or CSSIW) of outbreaks of disease
- notify the CCDC and the relevant regulatory authority should any notifiable disease occur in your nursery
- consult the EHO and notify the relevant regulatory authority promptly if two or more children have food poisoning
- act on any advice given by the CCDC or EHO, and inform the regulatory authority of this.

**Children should learn to recognise the importance of keeping healthy, and those things that contribute to this.** You can help children reach this goal by encouraging them to practise good personal hygiene during their daily routine and teaching them about the importance of:

- washing and drying their hands frequently and thoroughly
- cleaning their teeth twice a day
- using tissues to wipe their nose and cover their coughs and sneezes
- putting their used tissues in a bin and washing their hands afterwards
- using the toilet correctly
- not spitting.

**Do**

- ✔ check the premises are clean and safe before the children arrive each day
- ✔ establish a daily routine and checklists for cleaning the premises, toilets, kitchens and nappy-changing areas
- ✔ establish a rota for cleaning toys, furnishings, dressing-up clothes, sand, water play area, ball pits and other equipment
- ✔ consider hygiene, cleanliness and the risk of infection, when conducting risk assessments, and review these regularly.
Hand hygiene

Germs transfer to our hands when we touch other people, animals, body fluids, raw food and contaminated surfaces. They can then pass into our bodies (e.g. when we eat without washing our hands first), to other people and onto surfaces that we touch. Washing hands thoroughly with soap and warm running water, then drying them is the best way to remove these germs and stop them causing infections. In nurseries, the HPA recommends staff and children use liquid soap and disposable paper towels. Sharing bars of soap and towels can spread germs from one person to another.

A thorough hand washing technique is more important than the type of soap used. However, in some circumstances when there is more risk from germs, it may be necessary to use an antibacterial soap, for example when the CCDC advises this as an added precaution during an outbreak of infection or when a particularly vulnerable child is present. There may also be situations when using an alcohol-based hand sanitiser is necessary. Alcohol-based hand sanitisers provide a convenient means of destroying germs on hands and are the only suitable alternative when clean, running water is not available. However, it is important to be aware that some hand sanitisers have little effect on certain viruses (e.g. Norovirus) and that they only work properly on visibly clean hands. Whenever hands are dirty, they must be washed with soap and water.

How should we wash our hands?

1. Wet hands with warm water.
   2. Apply a small amount of liquid soap.
   3. Rub palms together (away from the water).
   4. Rub fingers and thumbs, and the bits between.
   5. Rub nails on palms.
   6. Rub the back of each hand.
   7. Rinse with clean, running water.
   8. Dry thoroughly with a paper towel.

When should we wash our hands?

Naturally, staff and children need to wash their hands whenever they look dirty, but to help keep healthy and stop germs spreading around the nursery, it is important that they also wash their hands at the times shown in the table.

### Activities

1. Explain to the children (if appropriate for their age and stage of development) that washing our hands removes germs that might otherwise make us ill. Demonstrate good hand washing to the children.
2. Ask the children to help make a poster that you could display near the toilet to help them remember to wash their hands.

### Do

- ✔ provide suitable hand washing and drying facilities for staff and children
- ✔ provide liquid soap and paper towels
- ✔ ensure everyone washes their hands at the right times
- ✔ dry hands thoroughly to avoid chapping
- ✔ cover any cuts or abrasions on hands with a waterproof dressing
- ✔ supervise children’s hand washing (particularly during an outbreak of gastroenteritis)
- ✔ consider using an alcohol-based hand sanitiser (e.g. when outdoors or on outings).

### Don’t

- ✗ assume children know how to wash their hands
- ✗ use a single cloth or communal bowl of water to clean a group of children’s hands
- ✗ allow children to eat without showing you their washed hands.

### When should we wash our hands?

<table>
<thead>
<tr>
<th>Before</th>
<th>After</th>
<th>Before and After</th>
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</table>
| Handling food or eating | Handling raw food (e.g. meat, poultry, fish, eggs) | ✔ Dressing a wound
| Handling sterilised equipment or preparing a feed | Using the toilet or a potty (or assisting a child to do so) | ✔ Giving or applying any medication
| Applying contact lenses | Touching animals or their associated equipment | ✔ Changing a nappy before putting on gloves
| Contact with blood or body fluids (including after coughing, sneezing or blowing your nose) | Touching a contaminated surface (e.g. a cleaning cloth, used tissue, nappy, potty, rubbish bin) | ✔
| Outdoor activities (e.g. gardening) | ★ Although there is no evidence that washing hands before changing a nappy can help stop infections spreading, NDNA recommends that nursery staff always wash their hands before, as well as after, every nappy change. | ★

* Although there is no evidence that washing hands before changing a nappy can help stop infections spreading, NDNA recommends that nursery staff always wash their hands before, as well as after, every nappy change.
Cleaning cloths and cleaning utensils

Germs can build up quickly in cleaning cloths and cleaning utensils. Reusing these items can spread the germs onto any surface they touch. To help prevent cross-contamination, wherever possible, you should use disposable paper towels to clean surfaces, especially for:

- drying hands
- cleaning up spills of blood, body fluids (e.g. vomit and faeces) or raw food (e.g. meat and eggs)
- wiping food-contact surfaces in kitchen areas
- wiping food from the side of a plate before serving
- drying food ingredients (see Food and kitchen hygiene).

For other tasks, if you do reuse cleaning cloths or cleaning utensils, you should decontaminate them after each use and at least once a day, by rinsing them in detergent and hot water, and then either:

- immersing them in boiling water for 2 minutes
- putting them through the dishwasher or washing machine on a hot wash (at least 60°C), or
- soaking them in a suitable disinfectant, then rinsing them with clean water.

Mops should have a detachable head that you can machine wash after use. Alternatively, you can clean mop heads with hot water and detergent in a designated sink, rinse them with disinfectant, then wring them as dry as possible. Mops should be stored head up or hanging.

To help prevent cross-contamination, reusable cleaning cloths, cleaning utensils and protective clothing such as rubber gloves, should be colour coded. The usual system is:

- red for toilets, nappy-changing surfaces, sanitary appliances, and washroom/changing room floors
- yellow for hand basins and other surfaces in washrooms and changing rooms
- green for kitchens and food-contact surfaces
- blue for low risk areas such as offices and corridors.

**Do**

- ✔ dry cloths and cleaning utensils rapidly after decontaminating them
- ✔ store mops head up or hanging
- ✔ adhere to COSHH regulations when using cleaning products and disinfectants
- ✔ follow the instructions for using cleaning products and disinfectants carefully
- ✔ wear appropriate protective clothing (e.g. gloves and aprons)
- ✔ ensure cleaning products and equipment are inaccessible to children
- ✔ consider hazardous cleaning products when completing your risk assessments
- ✔ wash and dry your hands thoroughly after cleaning.

**Don’t**

- ✗ use mops to clean blood or body fluid spills
- ✗ use cloths and cleaning utensils from the kitchen to clean toilets and washrooms
- ✗ clean mops and cleaning utensils in a sink used for food preparation
- ✗ leave cloths and cleaning utensils soaking in dirty water.

**Activities**

1. Think about how you decontaminate the cleaning cloths and cleaning utensils used in your nursery. Make sure staff decontaminate them after each use and at least once a day and store them dry.

2. Read the labels on the cleaning products used in your nursery. Check the products are suitable, that you are storing and using them correctly, and that staff have access to the protective equipment indicated on the label.
Toilets and potties

Surfaces that people often touch when they use the toilet, such as toilet flush handles, taps, door knobs and waste bins, are highly likely to be contaminated with germs, and have a high risk of transferring infections\(^{15}\). To help stop germs spreading, you need to clean and disinfect these surfaces frequently (as is practical), and whenever they are visibly soiled.

Most people have little direct contact with the toilet bowl, so the associated risk of infection is usually quite low\(^{17}\). However, young children may sometimes touch the surfaces of the toilet bowl and rim when using the toilet, and germs from the toilet may splash onto them and other surfaces when they use or flush the toilet. To stop germs and odours building up, you need to remove any visible dirt and scale from the toilet bowl using an appropriate cleaning product and toilet brush, flush the cleaning product and dirt away, and then destroy the remaining germs by applying a suitable disinfectant\(^{15}\). Using a combined toilet-cleaning product that removes scale and kills germs can be more convenient. Germs multiply quite rapidly in the wet, so a sustained action or continuous release disinfectant (i.e. a cistern block that dispenses disinfectant with every flush) can be useful. How frequently the toilet needs cleaning depends on how many children use the facilities and whether they have good toilet habits, but you should clean the toilet at least daily, and whenever it is visibly soiled.

Where potties are used, you should place them on a hard surface that is easy to decontaminate (see Floors and other surfaces). Nappy-changing mats should be used on a washable surface too (see next page). After use, potties should be sluiced in the toilet, then cleaned and disinfected. They should then be dried and stored upside down.

Other surfaces in the toilet area should be well maintained, cleaned regularly, and kept as dry as possible. Good ventilation helps to reduce condensation and the growth of mould and mildew.

Apart from cleanliness and reducing the risk of infection, think about the following points regarding the toilet facilities:

- accessibility
- whether locks on toilet doors can be easily opened from the outside
- supervision of toileting, taking into account children's developing independence
- how child to staff ratios are affected when staff escort children to the toilet
- safety, taking account of local environmental health requirements
- toilet training, including the safe and hygienic use and storage of potties
- whether toilets need to be adapted to meet the needs of individual children.

Do

✔ check the cleanliness of the toilet facilities regularly and record this
✔ encourage children to close toilet lids before flushing
✔ clean and disinfect toilet bowls regularly
✔ clean and disinfect hand-contact surfaces frequently
✔ use disposable or colour-coded cleaning cloths
✔ wear appropriate protective clothing when cleaning toilets and potties
✔ wash and dry your hands when you have finished cleaning.

Don’t

✘ use toilet cleaning cloths in other areas of the nursery
✘ allow cleaning products and disinfectants to mix
✘ let children take toys into the toilet area (otherwise, you will need to clean and disinfect each toy afterwards).

Activities

1. Establish a suitable schedule for cleaning the toilet area. Put a checklist up for staff to sign to confirm they have checked and/or cleaned the toilet(s) at the appropriate times.

2. Explain to the children (if appropriate for their age and stage of development) in terms they will understand that it is important to keep the toilet area clean. Ask the children to tell you if they find the toilet area is dirty.
Nappy hygiene

Nappy-changing gives germs an ideal opportunity to spread, not only to the child, but also to the person changing the nappy, and to the surrounding area. Nappy-changing therefore requires scrupulous hygiene procedures. If you provide care for children in nappies, you should have suitable hygienic changing facilities and a nappy-changing policy that your staff are familiar with7,8. Your nappy-changing policy should cover hygiene matters and good safeguarding practice8. There are no restrictions regarding what type of nappies you use. However, as a business, if you use disposables, you may need to arrange for a registered waste contractor to collect and dispose of the used nappies9. Parents are increasingly interested in using ‘real’ (washable) nappies and want to have that choice available. You can either:

• allow parents to bring in real nappies and take them home to launder them
• contract a nappy laundry service to supply and launder nappies, or
• buy and use real nappies and launder them yourself.

The Real Nappy Campaign provides guidance for nurseries who want to use real nappies20. Commercial nappy laundering services should adhere to NHS guidelines and the code of practice set out in Publicly Available Specification (PAS) 10621,22. If you opt to launder nappies in your nursery, you should adhere to the infection controls in PAS 106. You can disinfect the nappies by placing them in a lidded bucket with a suitable disinfectant product. After disinfection, you should strain the disinfectant into a toilet, and then launder the nappies on a hot wash (see Laundry). If parents opt to launder their child’s nappies, ask them to supply two clearly labelled bags or containers – one for clean nappies and one for dirty nappies. Staff will need to put each dirty nappy in a plastic bag (nappy sack) before placing it in the appropriate child’s dirty nappy bag/container.

If you use disposable nappies, you should seal each used nappy in a nappy sack before placing it in a lidded nappy bin. The nappy bin should be lined with a waste bag that staff can securely seal and remove to the appropriate outdoor waste bin at regular intervals. If you only use small quantities of nappies, you should be able to put them into your normal domestic waste collection bin. However, large quantities must be disposed of as offensive/hygiene waste19. If you generate more than one 7 kg bag of offensive/hygiene waste in a normal waste collection interval, you should segregate this waste into tiger bags (yellow waste bags with a black stripe) and arrange for a registered waste contractor to collect it for disposal19. Some local authorities will collect offensive/hygiene waste from nurseries, so do ask your authority about this before resorting to a private contractor.

Whether you are using real nappies or disposables, all used nappies must be stored safely in containers or bins that are inaccessible to children, until collection for disposal or laundering. All containers and bins must be emptied, cleaned and disinfected regularly, using a suitable disinfectant.

**Activities**

1. Keep notes of nappy-changing routines for each child.
2. Put a check sheet in the changing area for staff to sign to confirm that they have changed the appropriate child’s nappy and cleaned and disinfected the nappy-changing surfaces.

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**Do**

✔ change nappies promptly, especially after soiling, and record this
✔ have a dedicated nappy-changing area, away from your food preparation area
✔ wear a disposable apron and gloves, which are changed for each child13
✔ wash and dry hands before putting on gloves (as recommended by NDNA)
✔ use a waterproof nappy-changing mat
✔ use the changing mat on a hard surface that you can easily clean and disinfect
✔ put any solid waste from a nappy in the toilet – not the sink
✔ wipe from front to back when cleaning a child’s bottom
✔ after changing a nappy, clean and disinfect the changing mat and any touched surfaces (e.g. taps and handles)
✔ remove gloves then wash hands after each nappy change
✔ wash and dry hands after touching dirty nappies or any dirty surface
✔ inform parents of any nappy rash and advise them to seek medical advice if it fails to heal
✔ dress the child promptly and return them to the play area.

**Don’t**

✘ use nappy-changing mats that are dirty or have torn waterproof coverings
✘ share nappy creams between children – each child should have their own medication supplied by their parent and appropriate to their personal health needs
✘ use fingers to remove cream from containers – use a clean disposable spatula each time or opt for a pump dispenser
✘ change nappies in areas where food is prepared or eaten, or where children play.
Healthy eating

If you give children meals, snacks and drinks, these must be healthy, balanced and nutritious\(^7,8\). It is important to get the right balance, both in the amount and the types of food eaten. The correct diet reduces the risk of health problems such as anaemia and dental decay, and helps the immune system function effectively, so that it can fight off infections.

For the first few months of life, breast milk or infant formula usually provides all the food and drink a baby needs. When a baby starts to eat solids (usually at 6 months), breast or formula milk should continue to be the main drink until they are at least 1 year old\(^23\). In addition, from 6 months (with the parent's permission), you can begin to offer children cooled, boiled water between meals. From 1 year onwards, you can offer full-fat cow's milk as a main drink and between meals. From 2 years, children who are eating a balanced diet and are thriving may be offered semi-skimmed milk as a main drink and between meals. However, you should discuss with parents whether their child has an intolerance or allergy before offering any cow's milk.

By 6 months, most babies are ready to begin eating solid foods. Some foods should be avoided, as they are likely to contain high levels of germs or harmful substances. The FSA gives advice on weaning babies and which foods to avoid\(^24\). Until children are 2 years old, they can't eat large amounts of food at one sitting, and need frequent meals and snacks that are packed with calories and nutrients. By 5 years, children should be eating a wide variety of foods, including:

- lots of fruit and vegetables – at least five portions every day
- plenty of bread, rice, potatoes, pasta and other starchy foods
- some milk and dairy foods
- some meat, fish, eggs, beans and other non-dairy sources of protein
- just a small amount of foods and drinks high in fat and/or sugar\(^25\).

The DfE has worked with the School Food Trust to develop food and drink guidelines for early years settings in England. This guidance can help you to ensure that any meals you offer contain all the nutrients children need for proper growth and development\(^26\). There is separate nutritional guidance available for nurseries in Wales\(^27\). NDNA also provides practical advice\(^28\).

**Do**

- ensure drinking water is available to children at all times
- ask parents about their child's dietary needs and food allergies, record these and act on them
- ensure all staff know which children have food allergies and understand the consequences of this
- be aware that nuts, especially peanuts, can cause severe allergic reactions in some children
- check all the ingredients of food given to a child with a food allergy
- support children in making healthy choices
- share advice with parents about healthy choices at home and healthy menus
- replace sugary snacks with fruit, raw vegetables, milk or plain water
- record each child's food intake.

**Don't**

- allow children to bring sweets and sugary snacks into the nursery
- serve raw or undercooked meat or eggs
- serve unpasteurised milk or dairy products
- give honey to children who are less than 1 year old
- give whole nuts to children who are less than 5 years old as they can choke on them
- give shark, swordfish, marlin or raw shellfish to young children
- add sugar or salt to food or drinks.

*For children with severe nut allergies, NDNA recommends a nut-free environment*
Food and kitchen hygiene

Food poisoning occurs when we eat food contaminated with illness-causing germs, such as Campylobacter spp., Salmonella spp. or Escherichia coli (E. coli) 0157. Raw foods, including meat, poultry, eggs, fish and seafood, often contain high levels of these harmful germs, and they can easily spread to other foods and surfaces around the kitchen. Other foods can also be contaminated with germs from soil, faeces, dust and insects (e.g. unwashed fruit and vegetables). The germs easily spread from person to person, via food, unwashed hands and contaminated surfaces (e.g. chopping boards, utensils, toilet flush handles, door knobs and taps).

Food poisoning usually results in diarrhoea and vomiting. It can also cause stomach cramps, nausea and fever. As young children are particularly vulnerable to food poisoning, good food and kitchen hygiene are essential in the nursery. If you provide meals, snacks or drinks for the children in your nursery, or even just reheat or cut up food provided by a parent, you must comply with the Food Hygiene Regulations (and its amendments) and register your premises as a food business with your local Environmental Health Department. You can find contact details for your local department on the FSA website at www.food.gov.uk.

The Food Hygiene Regulations require that you operate food safety management procedures based upon the principles of HACCP (Hazard Analysis Critical Control Point). This means you have to look at each step of your food handling (including delivery, storage, preparation, cooking and serving), identify any potential hazards and put proper controls in place, so that the food you serve is safe to eat. Many of these procedures are common sense hygiene practices, but you must write your procedures down and keep appropriate records to show that your procedures work. The FSA website has resources to help you put appropriate procedures in place.

All nurseries should be aware of their responsibilities under the Food Hygiene Regulations, comply with FSA and environmental health requirements, and include food hygiene matters in induction and on-the-job training for any staff involved in preparing and handling food. High standards of personal hygiene are essential. Food handlers must wear suitable clean clothing, cover any cuts or wounds with a brightly coloured waterproof dressing, and ensure they wash their hands at the appropriate times. Anyone who has an infection likely to spread through food should not handle food in the nursery or enter the food preparation area. If they have vomiting or diarrhoea, they must not prepare any food for others or attend the nursery until at least 48 hours after their symptoms cease.

Packed lunches that are prepared and stored inappropriately can also give food poisoning germs an ideal place to grow. If parents supply packed lunches, ask them to freshly prepare food each day and inform them what food you can store safely in the nursery. They may wish to consider using a cool bag to help keep their child’s food chilled.

Activities

1. Explain to the children (if appropriate for their age and stage of development) that not washing their hands before eating can make them ill. Ask them to show you their clean hands before eating or handling food, and make sure they understand they shouldn’t enter the kitchen (unless you are using it for a supervised children’s activity).

2. Make a simple list of kitchen hygiene rules and display them in the kitchen area as a reminder for staff. You can use the rules on the following page as a guide.
The FSA outlines a ‘4Cs’ approach to food safety – The 4Cs are Cross-contamination, Cleaning, Cooking and Chilling. Here are some of the most important rules to remember.

**Cross-contamination**
Prevent illness by storing and preparing food carefully, and keeping sources of germs away from food preparation areas.
✔ Wash and dry your hands before touching food and immediately after handling raw food (e.g. meat, fish and eggs).
✔ Keep raw and ready-to-eat food apart.
✔ Ideally, use different colour-coded chopping boards for raw and ready-to-eat foods.
✔ Store raw meat and poultry in the fridge, below any ready-to-eat food.
✔ Wash fruit, salads and raw vegetables well to remove all traces of soil and insects.
✘ Don’t let pets or their associated equipment touch food or preparation surfaces.
✘ Don’t allow pests, such as insects and rodents, to touch food or preparation surfaces.

**Cleaning**
Decontaminate items in the right way at the right time to remove illness-causing germs and stop them spreading to food.
✔ Make sure all utensils and equipment are spotlessly clean before use.
✔ Rinse crockery, cutlery and other utensils thoroughly with clean, running water after washing them in a sink with hot, soapy water (or ideally, if possible use a dishwasher).
✔ Regularly clean and disinfect surfaces that people often touch, such as taps, handles and switches.
✔ Clean and disinfect food preparation surfaces immediately before use.
✔ Immediately after handling raw food, clean and disinfect food preparation surfaces and any touched surfaces (e.g. fridge handle and tap).
✔ Use paper towels or disposable cloths if possible.
✔ If you reuse cloths, decontaminate them between tasks (see Cleaning cloths and utensils).
✔ Use disinfectants that are suitable for surfaces touched by food.
✘ Don’t use kitchen cloths elsewhere in the nursery.

**Cooking**
Cook food thoroughly to kill germs in it, and reheat food properly to kill germs that have multiplied since it was cooked.
✔ Cook food thoroughly and evenly, so that it is steaming hot all the way through.
✔ Use a temperature probe to check the temperature of foods and record this.
✔ If you cook rice, keep it hot until it is eaten, or cool and refrigerate it within 1 hour.
✔ Only reheat food once, and check food is steaming hot all the way through.
✘ Don’t serve raw or partially cooked eggs or dishes made with them.

**Chilling**
Chill food properly to help stop germs growing, and take care with frozen foods, especially when defrosting.
✔ Put any frozen food in the freezer straight away.
✔ Keep salads, perishable foods and eggs in the refrigerator.
✔ Set the refrigerator at 5°C or below, and check and record the temperature daily.
✔ Keep the freezer at or below minus 18°C, and check and record the temperature daily.
✔ Consider using cool bags to keep food chilled during transport (e.g. on outings).
✔ If cooked food won’t be eaten immediately, cool it and put it in the fridge within 2 hours.
✔ Use up any leftovers within 48 hours.
✔ Thoroughly defrost food before cooking (unless the instructions say cook from frozen).
✔ Ideally, defrost food in the fridge.
✔ Once food has defrosted, keep it in the fridge and use it within 24 hours.
✔ Only defrost food in the microwave if it will be eaten straight away.
✘ Never refreeze food.
✘ Don’t use food after its use-by date.
Baby feeding equipment

Breast milk is the ideal food for the healthy growth and development of babies and can reduce their risk of developing infections\(^3\). The World Health Organisation recommends that babies are given breast milk and no other food or drinks for the first 6 months\(^4\). After 6 months of age, babies should ideally continue to receive breast milk along with appropriate complementary foods until they are at least 2 years old\(^5\). Breast milk contains antibodies that help to protect from gastroenteritis and other infections.

Breastfeeding mothers should be supported to attend the nursery and breastfeed their baby. Where this is not an option, you should support mothers to continue breastfeeding at home and supply you with expressed breast milk (EBM). Parents who supply EBM should provide it in sealed, sterilised bottles, clearly labelled ‘breast milk’ with the baby’s name, and the date the milk was expressed. They can use a cool bag to keep the milk cool during transport. Although it is best to use EBM as soon as possible, it can be kept in a clean fridge at 4°C (well away from any raw food) for up to 5 days\(^6\). It is also possible to freeze EBM for up to 6 months. It must be defrosted in a fridge, and then used straight away\(^7\).

Infant formula milks don’t contain the antibodies found in breast milk and scrupulous hygiene is necessary when preparing them. Nurseries must have suitable facilities for the hygienic preparation of babies’ feeds and use suitable equipment to sterilise feeding equipment and dummies\(^7\). Until a baby is 1 year old, you must decontaminate all their feeding equipment, teething aids and dummies between uses, by cleaning them with a clean bottlebrush, detergent and hot water, rinsing them thoroughly with clean, running water and then sterilising them\(^8\). You can sterilise the equipment by:

- submerging it in boiling water for 10 minutes
- immersing it in a cold sterilising solution, or
- using a steam steriliser unit that you plug in, or one that you use inside the microwave.

Always follow the instructions carefully and wash your hands before handling the sterilised equipment. To reduce the risk of contamination, it is best to remove items from the steriliser and prepare feeds just before the baby requires them, using freshly boiled tap water that you allow to cool for no more than 30 minutes\(^9\). You can then quickly cool the milk to feeding temperature by holding the bottle (with the cap covering the sterilised teat) under cold, running water. Ideally, parents should not supply prepared bottles of formula milk. Instead, they should provide empty, sterilised bottles and the appropriate amounts of formula powder, preferably weighed out in clearly labelled containers so that you can freshly prepare each feed just before it is needed. The guidance from the Department of Health and FSA on preparing formula should be followed\(^9\).

### Activities

1. Support breastfeeding mothers by creating a suitable area where they can relax.
2. Keep up to date with the latest advice from the NHS about using and storing milk by visiting [www.breastfeeding.nhs.uk](http://www.breastfeeding.nhs.uk), and pass this information on to parents and staff.

### Do

- ✓ obtain, record and act on information from parents about their baby’s dietary needs
- ✓ provide facilities to support mothers who wish to breastfeed
- ✓ use a separate area to prepare babies’ feeds
- ✓ whenever possible, prepare feeds just before use
- ✓ regularly clean and disinfect refrigerators used to store milk
- ✓ monitor the refrigerator temperature
- ✓ be aware that the sooner you use the milk, the less opportunity germs have to grow
- ✓ clean and disinfect work surfaces before preparing bottles or feeds
- ✓ wash and dry your hands before preparing a feed or handling sterilised equipment
- ✓ ensure bottlebrushes are thoroughly cleaned and then sterilised with the bottles
- ✓ rinse off sterilising solution using cooled boiled water, not tap water
- ✓ check all equipment before use, including bottlebrushes, and discard if worn or damaged
- ✓ discard any milk left at the end of a feed.

### Don’t

- ✗ use a microwave to warm or defrost milk
- ✗ use formula milk that has passed its use-by date
- ✗ store milk in the door of the fridge
- ✗ overload the steriliser or interrupt the sterilising process to add extra items.
Toys and play equipment

Toys and play equipment should be a source of fun and learning for every child. However, they can become contaminated with germs from unwashed hands, spills of body fluids, or by children putting their mouths to them. Although germs won’t grow without water, enough may survive on the surface of toys to present a risk of infection. To help reduce the risk of infections, ensure that:

- toys and play equipment purchased for use in the nursery can be cleaned easily (soft toys should be machine washable)
- everything is cleaned on a rota system as frequently as practical and whenever visibly dirty (particularly in an under-two’s room where children are likely to explore items with their mouths)
- toys are stored clean and dry in clean containers or cupboards.

Generally, you should clean hard toys and equipment with detergent and hot water, rinse them in clean, running water and then allow them to dry. If you can’t submerge an item in water (e.g. large or fixed items and electrical toys), you will need to wipe away any visible dirt and then wipe the surfaces with a suitable disinfectant (antibacterial surface wipes which clean and kill germs are useful). You can usually clean soft toys by putting them in the washing machine, but check the washing instructions first.

Toys contaminated with blood or body fluids need to be decontaminated immediately. During an outbreak of infection, you may also need to decontaminate toys to prevent further spread. You can use these steps to decontaminate hard toys:

1. Clean every surface of the toy using detergent, hot water and a brush.
2. Immerse the toy in a disinfectant solution or wipe it with disinfectant wipes.
3. Rinse away any disinfectant with clean water and allow the toy to dry.

Alternatively, you can decontaminate hard toys by putting them in the washing machine or dishwasher, but check the manufacturer’s instructions first. You can decontaminate soft toys by putting them in the washing machine on a hot wash (see Laundry). If a contaminated soft toy won’t withstand a hot wash, you should throw it away. Occasionally, you may need to suspend certain types of communal play (e.g. sand or water play) to help prevent the spread of specific infections. The CCDC can advise you about this.

Do

✔ check toys regularly for rough edges and breaks, and discard any damaged toys
✔ empty paddling pools after use and store deflated or inverted
✔ drain, clean with detergent and dry receptacles used for water play after use
✔ protect sandpits from contamination by using a cover, and change the sand regularly
✔ wash and dry your hands after handling contaminated toys
✔ ensure children wash and dry their hands after water or sand play, or time spent in a ball pool
✔ replace soft modelling materials and doughs regularly and whenever they look dirty
✔ carry out risk assessments on activities and the environment in which they take place.

Don’t

✘ put toys back into storage if they are dirty
✘ allow toys to remain outdoors overnight
✘ allow pets to share toys or foul the play area.

Activities

1. Where appropriate for the children’s age and stage of development, encourage them to assume responsibility for their toys by showing them how to look after them. Check toys regularly and urge children to tell you if toys need cleaning.
2. Teach children to store their toys properly. Explain that putting toys away not only prevents them from being lost, stolen or damaged, but also prevents others from injuring themselves on them.
Floors and other surfaces

The risk of picking up an infection from surfaces such as floors, walls and furniture is usually low, and in most situations, cleaning with detergent and water or vacuuming is adequate\(^\text{17}\). You should clean all surfaces regularly to remove dust, dirt and visible mould, and ensure you keep surfaces dry and well maintained. It is not usually necessary to decontaminate floors, walls and furniture, unless they are contaminated with blood or body fluids (e.g. vomit or faeces). However, as the risk of infection to children increases when they crawl or play on a floor, it is advisable to clean and decontaminate such floors regularly.

You must remove all spills of blood, faeces, urine, vomit, saliva, nasal and eye discharges immediately using disposable paper towels, and then clean and decontaminate any soiled surfaces\(^\text{13}\). You should wear appropriate protective clothing (e.g. disposable gloves and an apron) and seal all waste in a plastic bag for disposal. To decontaminate hard surfaces (e.g. tiled walls, hard furniture or linoleum flooring), after cleaning, you need to apply a suitable disinfectant that kills both bacteria and viruses, and follow the instructions for use carefully. You should not use disinfectants to decontaminate carpets and upholstery, so these should be steam cleaned\(^\text{15}\). If clothing or other fabrics are soiled, remove them carefully and, if necessary, seal them in a plastic bag until you (or the parent) can decontaminate them by laundering them on a hot wash (see Laundry). If you can’t decontaminate a soiled item properly, discard it.

Do

- ✓ keep all surfaces clean and dry
- ✓ regularly clean and decontaminate floors where young children play or crawl
- ✓ wear disposable gloves and an apron for tasks involving contact with blood or body fluids
- ✓ immediately remove spills of blood or body fluids using disposable paper towels, then clean and decontaminate soiled surfaces
- ✓ wash and dry your hands after cleaning
- ✓ ensure cleaning products and disinfectants are inaccessible to children.

Don’t

- ✘ use mops to clean spills of blood or body fluids
- ✘ use bleach on carpets or wooden surfaces, or in confined, unventilated areas
- ✘ use bleach directly on spills of urine.

Activities

1. Check that the disinfectants you use are suitable for the surfaces in your nursery. Read the labels carefully.
2. Think about how you can ensure that staff have immediate access to the equipment needed to clear spills of blood or body fluids. Consider providing a ‘spill kit’ in each room.
Laundry

Fabrics soiled with blood or body fluids, cleaning cloths, underclothes, towels, and items used around food, can carry high levels of germs. These can potentially become a source of cross-contamination and pose a health risk. To help prevent this, each child should have their own bed linen, flannel and towel (if they are needed). These may be supplied and laundered by you or by the parent. If you provide laundering facilities, these should ideally be in a separate area, away from any food preparation or eating areas, and inaccessible to children.

Inadequately laundered fabrics can harbour residual germs that can multiply quickly, especially if the laundry remains damp. It is therefore important to use an effective laundering method and then dry the laundry promptly. If you launder nappies, you should also comply with PAS 106 (see Nappy hygiene).

<table>
<thead>
<tr>
<th>Risk of contamination</th>
<th>Fabric</th>
<th>Effective laundering method*</th>
</tr>
</thead>
</table>
| High                  | • Heavily contaminated fabrics (e.g. clothes soiled with blood or body fluids and cleaning cloths)  
                        • Fabrics used by a person with an infection (e.g. diarrhoea) | Machine wash with laundry detergent at 90°C, or at 60°C using a suitable disinfectant. Launder heavily soiled items as a separate load and use the pre-wash cycle. |
| Medium                | • Underwear  
                        • Towels and flannels  
                        • Bed linen  
                        • Tea towels and tablecloths  
                        • Bibs | Machine wash with laundry detergent at 60°C (or above), or at 40 to 60°C, using a suitable disinfectant. Launder fabrics used around food as a separate load. |
| Low                   | • Other items (e.g. clothes other than heavily soiled items and underwear) | Follow the washing instructions. If a low temperature (below 60°C) is necessary, consider using a laundry disinfectant to help kill germs. |

* Check washing instructions. You may have to discard soiled items that won’t withstand a hot wash.

Do

✔ at least once a week, run a hot wash (at least 60°C), or use a disinfectant on an empty load, to help stop germs and odours building up in the machine.  
✔ allocate bedding to each child and keep it in a named bag or drawer when not in use.  
✔ wash bedding at least weekly and whenever visibly dirty.  
✔ wear disposable gloves and an apron when handling soiled items.  
✔ remove any solid bodily waste into a toilet – not a sink.  
✔ seal children’s soiled clothing in a leak-proof plastic bag for the parent to take home.  
✔ wash and dry hands after contact with dirty laundry.

Don’t

✘ allow children access to laundry facilities  
✘ rinse soiled items by hand  
✘ store clean laundry where it could get contaminated by dirty laundry.

Activities

1. Think about how you would look after a child whose clothing is soiled. Make sure you have access to suitable dirty laundry bags and appropriate spare clothing for each child.
2. Think about how you store children’s dirty and clean laundry. Check you have suitable labelled containers.
Pets

Pets within the nursery can significantly enhance children’s education. However, animals can pose a risk of infection. Even if they are apparently healthy, they can carry germs, and parasites such as fleas and worms. Sensible precautions can usually reduce the risks to an acceptable level. However, the HPA does not recommend nurseries keep reptiles, such as lizards and snakes, as most reptiles carry salmonella bacteria. If you wish to introduce other pets, you should first consult parents and consider children’s anxieties and allergies (e.g. children with asthma). The animals must be safe to be around children and not pose a health risk.

Nurseries should ideally have a written policy to ensure staff understand:
- which types of animal are allowed
- their control and permitted behaviour whilst on the premises
- areas where animals are not allowed
- the insurance liabilities of owners and handlers
- the risk assessments required
- that prior written consent from parents is necessary.

Correct management, careful handling and good hygiene are necessary to keep animals in good health and reduce hazards to staff and children. A knowledgeable person should be responsible for the care of the animals and ensure that they:
- have suitable food and housing
- are regularly exercised and groomed (as appropriate) and examined for signs of illness or injury
- receive prompt treatment from a vet if they become ill or injured
- receive appropriate immunisations and treatments (e.g. worm and flea treatments)
- have their claws trimmed if necessary to help prevent scratches.

Contact with cat faeces can be particularly hazardous for pregnant women, so they should avoid contact with faeces left in the outdoor area or litter trays (if applicable).

### Activities

1. Make a list of each pet’s daily feeding and care routine, together with contact details for the vet and display it by each animal’s housing. This will help ensure continuity of care if the responsible person is absent.

2. Make sure children understand that animals carry germs and that they need to wash their hands after touching any animals or their equipment.

### Do

- obtain consent from parents before introducing animals into the nursery
- have an effective animal policy in place and regularly review this
- ensure everyone washes and dries their hands after touching animals or their associated equipment
- keep animals and their equipment out of food preparation and eating areas
- thoroughly clean and disinfect food preparation surfaces if an animal touches them
- remove any soiling promptly using paper towels, then clean and disinfect any contaminated surfaces
- regularly clean and disinfect pet living quarters, floors and areas used by pets
- ensure animals have their own feeding dishes that are regularly cleaned and disinfected using suitable products
- store pet food in covered containers, away from food for human consumption and out of the reach of children
- remove cat and dog food (if applicable) that is not consumed within 20 minutes, or cover the feeding bowl
- discourage children from ‘kissing’ pets.

### Don’t

- allow animals to lick children’s faces
- allow animals to foul children’s play areas
- clean pet cages and tanks in the kitchen – use a bucket if necessary
- permit children to play with animals without supervision.
Immunisation is a safe and effective way to protect children and adults from some serious and sometimes fatal infections. As more people are immunised, the diseases become rarer. However, this does not mean the disease no longer exists. If people stop being immunised, the diseases could become common again. If people are immunised they are protected from these infections, and will help protect others too.

The table shows the national immunisation schedule in use during January 2012\[a\]. However, the NHS reviews this regularly and if a new vaccine becomes available, or research shows that giving vaccines at different times improves protection, they will change the schedule. Therefore, you should check the NHS website for the latest information before offering information to parents\[a\]. If parents want further advice, literature is available from the NHS. However, you should also encourage them to consult their GP. This is particularly important if their child has health problems, as they may require additional immunisations.

<table>
<thead>
<tr>
<th>Age routinely vaccinated</th>
<th>Vaccine given</th>
</tr>
</thead>
</table>
| 2 months                | - Diphtheria, tetanus, pertussis (whooping cough), polio and Hib* (DTaP/IPV/Hib)  
                          - Pneumococcal conjugate vaccine (PCV) |
| 3 months                | - Diphtheria, tetanus, pertussis, polio and Hib* (DTaP/IPV/Hib)  
                          - Meningitis C (Men C)  
                          - Pneumococcal conjugate vaccine (PCV) |
| 4 months                | - Diphtheria, tetanus, pertussis, polio and Hib* (DTaP/IPV/Hib)  
                          - Meningitis C (Men C)  
                          - Pneumococcal conjugate vaccine (PCV) |
| Between 12 and 13 months| - Hib* and meningitis C (Hib/Men C)  
                          - Measles, mumps and rubella (MMR)  
                          - Pneumococcal conjugate vaccine (PCV) |
| 3 years and 4 months (or soon after) | - Diphtheria, tetanus, pertussis and polio (DTaP/IPV)  
                                         - Measles, mumps and rubella (MMR) |
| Around 12 to 13 years (girls only) | - HPV† (three injections given within 6 months) |
| Around 13 to 18 years | - Diphtheria, tetanus and polio (Td/IPV) |

* Haemophilus influenzae type b (Hib) vaccine protects children from a bacterial infection that can cause severe pneumonia or meningitis in young children.
† Human papilloma virus (HPV) vaccine helps protect girls from cervical cancer.

**Activities**

1. Read the NHS advice about immunisations and pass this information on to parents.
2. Where appropriate, explain to the children what happens when they have an immunisation. Explain that having an injection may hurt a little, but that it will help to stop them getting ill.

**Do**

✔ have an immunisation policy that you regularly review
✔ keep up to date with the latest NHS advice from www.nhs.uk
✔ check that children are registered with a GP on admission
✔ keep up-to-date records of the name and address of each child’s GP
✔ record each child’s immunisation status on their admission form
✔ check whether staff are up to date with their immunisations
✔ double-check that all staff aged 16 to 25 years have received two doses of MMR
✔ ask the CCDC if hepatitis B vaccination is needed for staff who may be bitten by children.

**Don’t**

✘ wait for an outbreak to check immunisation status.
Exclusion periods

You must have a policy for responding to children who are ill and this must be discussed with parents. Your policy should include arrangements for excluding children who are infectious, and the procedures for contacting a parent or another designated adult if a child becomes ill whilst in your care. Excluding children who have certain contagious illnesses helps to prevent others from becoming infected. Staff should refer to the HPA for the most up to date advice about this.

### Exclusion periods (as recommended by the HPA in April 2010)

<table>
<thead>
<tr>
<th>Infection</th>
<th>Exclusion period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>For 5 days after the rash appears</td>
</tr>
<tr>
<td>Colds</td>
<td>None</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>None (but consult the CCDC if many children are affected)</td>
</tr>
<tr>
<td>Diarrhoea and vomiting</td>
<td>Until 48 hours after the last episode of diarrhoea or vomiting</td>
</tr>
<tr>
<td>Flu</td>
<td>Until recovered</td>
</tr>
<tr>
<td>Glandular fever</td>
<td>None</td>
</tr>
<tr>
<td>Hand, foot and mouth disease</td>
<td>Exclusion is not usually necessary (but consult the CCDC if many children are affected)</td>
</tr>
<tr>
<td>Head lice</td>
<td>None</td>
</tr>
<tr>
<td>Hepatitis A*</td>
<td>Until 7 days after the onset of jaundice or other symptoms</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Consult the CCDC</td>
</tr>
<tr>
<td>Measles*</td>
<td>For 4 days after the rash appears</td>
</tr>
<tr>
<td>Meningitis (bacterial)*</td>
<td>Until recovered but always consult the CCDC</td>
</tr>
<tr>
<td>Meningitis (viral)*</td>
<td>None</td>
</tr>
<tr>
<td>Molluscum contagiosum (a skin infection)</td>
<td>None</td>
</tr>
<tr>
<td>Mumps*</td>
<td>For 5 days after the onset of swollen glands</td>
</tr>
<tr>
<td>Ringworm</td>
<td>Treatment (available from a pharmacist) is required but exclusion is not usually necessary</td>
</tr>
<tr>
<td>Rubella (German measles)*</td>
<td>For 6 days after the rash appears</td>
</tr>
<tr>
<td>Scabies</td>
<td>Until after the first treatment. Household and close contacts must also be treated</td>
</tr>
<tr>
<td>Scarlet fever*</td>
<td>Until 24 hours after commencing appropriate antibiotic treatment</td>
</tr>
<tr>
<td>Shingles</td>
<td>Exclude only if the rash is weeping and can’t be covered</td>
</tr>
<tr>
<td>Slapped cheek disease</td>
<td>None</td>
</tr>
<tr>
<td>Threadworms</td>
<td>None but treatment is recommended for the child and household contacts</td>
</tr>
<tr>
<td>Tuberculosis (TB)*</td>
<td>Always consult the CCDC</td>
</tr>
<tr>
<td>Warts and verrucae</td>
<td>None but verrucae should be covered in swimming pools, gyms and changing rooms</td>
</tr>
<tr>
<td>Whooping cough (pertussis)*</td>
<td>Until 5 days after commencing antibiotics or 21 days after onset of illness if no antibiotic treatment</td>
</tr>
</tbody>
</table>

* Denotes a notifiable disease (see Dealing with outbreaks).
When forming your policy and procedures for excluding children and staff who are ill or infectious, consider:

- confidentiality and the child’s rights to equal access and opportunity
- the local procedures for notifying the CCDC, EHO and the relevant regulatory authority (Ofsted or CSSIW) of outbreaks (i.e. you should inform the regulatory authority if anyone has a notifiable disease or if two or more children have food poisoning, act on advice given by the CCDC or EHO, and inform the regulatory authority of any action taken)
- the care of a sick child while awaiting collection
- the implications for other children and staff
- how (when appropriate) you will ensure parents are promptly informed of outbreaks of illness
- how you will ensure the information staff offer is accurate and up to date
- creating standard letter templates, which authorised staff can use to inform parents of outbreaks.

**Vulnerable children**

Children with some medical conditions (e.g. children being treated for leukaemia or other cancers, and other conditions that seriously reduce immunity) are particularly vulnerable to infections. Parents must make you aware if their child has reduced immunity. Chickenpox and measles are particularly dangerous for these children. If the child is exposed to either infection (including through contact with someone who has shingles), you should inform the parent promptly, so that they can obtain appropriate medical advice.

**Pregnant women**

Chickenpox, rubella, slapped cheek disease (parvovirus B19) and measles can all be particularly hazardous for pregnant women, either because they cause severe illness or because they can affect the developing baby. Pregnant women don’t normally need to stay away from the nursery but they should avoid contact with anyone who has a potentially infectious disease. If a pregnant woman develops a rash or comes into contact with someone who may have a rash caused by an infection, she should seek advice from her GP or antenatal care team promptly.

**Activities**

1. Obtain and display posters from the HPA giving guidance on appropriate exclusion periods, and check you know which infections are notifiable.
2. Explain to the children (if appropriate) that when they are ill (with flu or an upset tummy, for example) staying away from the nursery helps to prevent the other children and staff getting ill.

**Do**

- ✓ make your policy available to parents
- ✓ regularly update your emergency contact numbers and children’s medical details
- ✓ make contingency arrangements when parents can’t be contacted or collect a sick child
- ✓ keep a record of any children or staff who become ill whilst at the nursery and the action taken
- ✓ keep abreast of current health issues
- ✓ ensure parents inform you if their child has any illness or condition
- ✓ encourage parents of affected children to consult their GP promptly
- ✓ adhere to the recommended exclusion periods
- ✓ remember that exclusion periods also apply to staff and other adults, such as visitors and parents
- ✓ inform parents and staff of outbreaks of infections
- ✓ be aware that pregnant women and anyone with reduced immunity may be at more risk
- ✓ ensure staff, particularly those who handle food, stay away from the nursery until at least 48 hours after any vomiting and diarrhoea has settled
- ✓ seek advice from your local CCDC if in doubt.

**Don’t**

- ✗ allow parents to pressure you into accepting a child who has symptoms of infection
- ✗ put children at risk by allowing staff to continue working when they are infectious.
Dealing with outbreaks

An outbreak is defined as the sudden appearance of an infectious disease at a higher rate than is usually expected. In a nursery, this would include:

- two or more people (children or adults) experiencing similar symptoms or a proven infection after common exposure to a potential source of germs (e.g. after eating the same food or visiting a farm)
- a single case of a serious or notifiable infection (e.g. diphtheria, measles).

There are several ways that nurseries may become aware that they have an outbreak:

- staff and/or children may show symptoms of infection whilst at the nursery (which you should record)
- there may be a sudden increase in the number of absentees
- parents may advise staff that their child has an infection
- the CCDC or EHO may contact the nursery.

Notifying the CCDC

Doctors who become aware or suspect that a patient they are attending is suffering from certain ‘notifiable’ infections have a statutory duty to notify the ‘proper officer’ (usually the CCDC)\(^3\)\. This increases the speed with which outbreaks of infection are detected and controlled. The list of notifiable infections includes:

\* \*Acute encephalitis* • Food poisoning* • Meningococcal septicaemia • Relapsing fever • Typhoid fever
\* \*Acute poliomyelitis* • Leprosy • Mumps • Rubella (German measles) • Typhus fever
\* \*Anthrax* • Leptospirosis • Ophthalmia neonatorum • Scarlet fever • Viral haemorrhagic fever
\* \*Cholera* • Malaria • Paratyphoid fever • Smallpox • Viral hepatitis
\* \*Diphtheria* • Measles • Plague • Tetanus • Whooping cough (pertussis)
\* \*Dysentery* • Meningitis • Rabies • Tuberculosis • Yellow fever

\* including any infection that could be food or water borne, e.g. Campylobacter spp., Salmonella spp. etc.

As delays may occur in the doctor's notification system, the HPA recommends that you telephone the CCDC promptly, to report any notifiable disease, or any other serious or unusual infection that is likely to need discussion and advice\(^13\)\. If you suspect two or more cases, especially if food or water borne, you should contact the CCDC immediately. It will be helpful for the CCDC to know:

- the names of the children and/or staff who are ill
- what symptoms they have
- the date each person fell ill or when symptoms were first noticed
- the date they last attended the nursery
- dates of any recent relevant activities (e.g. if those affected recently took part in a farm visit or foreign travel which may have led to exposure)
- who you have informed about the outbreak.

You will also need to tell your regulatory authority (Ofsted or CSSIW) about the outbreak and any action taken.

Outbreak control plans

Once notified, the CCDC will assess the situation and decide what, if any, action is necessary to investigate the source of the outbreak and prevent further spread. If they suspect food poisoning, they may ask the EHO to investigate. They may also ask the EHO to assess outbreaks of diarrhoea and/or vomiting associated with other causes. You should make every attempt to provide any information they request and encourage staff, parents and children to comply with requests for specimens and follow any advice given.

The rigorous hygiene procedures described earlier in this guide should be followed at all times, but you should take extra care to ensure they are being followed during an outbreak. Additional precautions are not always necessary during outbreaks. If the CCDC or EHO consider there is a need for extra cleaning or other precautions, they will discuss this with you. Additional precautions could include:

- tracing and destroying contaminated food
- using an alcohol-based hand sanitiser to decontaminate hands
- more frequent or thorough cleaning and disinfection of surfaces
- discontinuing children's activities such as cooking or water play
- temporary closure of the nursery.

Some outbreaks prompt intense media interest. Staff should refer any enquiries from the media to the CCDC. The CCDC will advise you how to handle these and agree any press statements.
Common infections

This advice about infections is based on information from the HPA and the NHS. You can obtain the latest advice about these and other infections from their websites, and also from the website of Public Health Wales at www.publichealthwales.wales.nhs.uk.

Chickenpox

Chickenpox is caused by a highly infectious virus, known as Varicella zoster. It is most commonly seen in children less than 10 years of age. It spreads through direct contact with fluid from the blisters, respiratory droplets (expelled during coughing, sneezing and talking), and through contact with contaminated surfaces (e.g. tissues, clothing and bedding). An infected child develops cold-like symptoms followed (usually within 24 hours) by a temperature and an intensely itchy rash. Blister type spots appear over the next 3–5 days, mostly on the chest and back. It is usually a mild illness and most children recover without complications.

Incubation period: 10–21 days.
Period of infectiousness: From 4 days before the rash appears until all the lesions have crusted over (about 5–6 days after the first spots appear).
Exclusion period: Until 5 days after the rash appears.
Treatment: There is no specific treatment for chickenpox. It is a viral infection so it doesn’t respond to antibiotics. However, antibiotics may be necessary if the spots become infected with bacteria. Bacterial infection usually results from scratching the spots. Children should usually be nursed at home using simple steps to reduce symptoms such as fever and itching. As far as possible, children should avoid scratching.

Complications are more common in adults, people whose immune system is compromised (e.g. due to disease of the immune system), in pregnant women and newborn babies. There is a small risk of damage to a foetus if a woman is infected during pregnancy. Zoster immunoglobulin (antibodies collected from the blood of donors) or antiviral drugs can be given to those at most risk. Most people have chickenpox only once, since infection usually confers lifelong immunity. However, the virus can remain dormant and reappear many years later, and on more than one occasion, as a localised painful rash known as shingles. Anyone who hasn’t had chickenpox could get it through close contact with someone who has shingles. However, it is only necessary to exclude someone with shingles if their rash is weeping and they can’t cover it.

Do

✔ make sure that anyone with chickenpox stays away from the nursery for the recommended exclusion period
✔ advise parents of affected children to consult their GP
✔ advise contagious children or staff to avoid contact with pregnant women and vulnerable children
✔ advise pregnant staff to seek medical advice immediately
✔ advise parents of vulnerable children to seek medical advice immediately
✔ inform other parents and staff.

Don’t

✘ allow an infected child to return to the nursery until all the spots are crusted over and healing.
Colds and flu

Colds and flu are common infections of the respiratory tract caused by viruses. They can occur at any time of year but are most frequent during the winter. They spread by inhaling respiratory droplets expelled from the mouth and nose of an infected person when they talk, cough or sneeze. You can also pick up colds and flu by touching surfaces contaminated with respiratory droplets (e.g. door handles or used tissues) and then touching your nose or eyes.

Cold symptoms usually begin with a sore throat, followed by a runny nose, nasal congestion, sneezing and hoarseness. Babies and young children often develop a mild fever too. In adults, a cold usually resolves within a week, but in children, the symptoms may last longer, and a cough (which develops in about 30% of cases) may last up to 3 weeks. Flu can be more serious, especially for the very young, the elderly and people with chronic health problems. The symptoms are similar to a cold, but start abruptly, are more severe and usually include a high fever, headache, muscle aches and tiredness. Children may also feel sick and have vomiting or diarrhoea. Most people start to feel better within a couple of weeks, but some people can develop life-threatening complications, such as pneumonia. Annual flu vaccinations are available for those at greatest risk. The NHS gives advice about who should have a flu vaccination38.

<table>
<thead>
<tr>
<th>Incubation period:</th>
<th>Colds: 1–2 days; Flu: Usually 1–4 days.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of infectiousness:</td>
<td>People with a cold can be infectious for several weeks. Adults with flu are normally infectious from a day before symptoms begin and for up to 5 days afterwards. Children may be infectious for longer.</td>
</tr>
<tr>
<td>Exclusion period:</td>
<td>Colds: None; Flu: Until completely recovered.</td>
</tr>
<tr>
<td>Treatment:</td>
<td>Anyone with flu should stay away from others as much as possible, rest and drink plenty of fluids. Medicines such as paracetamol or ibuprofen can help relieve cold and flu symptoms. A doctor may prescribe antiviral medicines to those at most risk to help reduce the severity of flu. (Nursery staff should never administer any medicine to a child without parental consent. Always read the product label and patient information before use.)</td>
</tr>
</tbody>
</table>

Pandemic flu

From time to time, new strains of flu evolve to which few people have any immunity. Sometimes these spread quickly all around the world causing a pandemic. The severity of pandemics can vary enormously. The pandemic that began in 2009 was caused by Influenza A (H1N1) and was relatively mild. Compared with other countries, health services in the UK are generally well prepared for flu pandemics. However, as flu can spread rapidly, everyone, including nursery managers, should make sure they are prepared too. The DfE has published guidance for childcare providers in England41. The Welsh Government also provides advice42.

Do

✔ read the guidance and keep up to date with the latest advice on flu
✔ encourage those at risk to be vaccinated
✔ remind staff and parents that anyone with flu should stay away from the nursery until they have recovered
✔ wash your hands frequently, especially after contact with respiratory secretions
✔ cover your mouth and nose with a tissue when coughing or sneezing
✔ bag and bin used tissues and wash your hands afterwards
✔ ensure staff and children follow the above personal hygiene advice
✔ consider using an alcohol-based hand sanitiser where sinks are not readily accessible
✔ clean and disinfect hand-contact surfaces (e.g. taps, handles and toys) frequently
✔ contact the CCDC if you need further advice.

Don’t

✗ allow anyone who has a high fever and other flu symptoms into the nursery.
Conjunctivitis

The conjunctiva is a transparent membrane that covers the white of the eye and the inner surface of the eyelids. Infective conjunctivitis, i.e. inflammation of the conjunctiva due to a bacterial, viral or chlamydial infection, is common. It can affect people of any age but is more common in children and the elderly and is highly contagious. Both eyes are usually affected and the symptoms include itching, a ‘gritty’ feeling of the eye and a sticky yellow discharge that may make the eyelids/lashes stick together at night. Infective conjunctivitis spreads from one person to another through contact with the eye discharge, often via unwashed hands, shared towels, flannels and other items.

Incubation period: 3 to 29 days.
Period of infectiousness: Up to 2 weeks.
Exclusion period: Usually none, but you should ask the CCDC for advice if many children are affected.
Treatment:
Most cases of infective conjunctivitis will resolve without any treatment within 1–2 weeks. Antibiotic eye drops/ointment are not usually necessary. Lubricant eye drops (available from pharmacies) can help to soothe sore eyes. Care should be taken not to contaminate the contents of the bottle when administering eye drops. Eye discharge can be wiped away using a clean piece of cotton wool soaked in cooled, boiled water. Thorough hand washing, especially after touching or treating infected eyes can help stop the infection spreading to others.

Do
✓ encourage parents of affected children to consult their GP
✓ discourage close facial contact between children
✓ discourage children from rubbing their eyes (if they do, ensure they wash their hands)
✓ pay particular attention to hand washing and drying using paper towels
✓ wash hands before and after touching or treating infected eyes
✓ consult the CCDC if many children in the nursery are affected.

Don’t
✗ exclude affected children unless the CCDC requests this
✗ insist that children are treated with antibiotics
✗ allow children to share towels or flannels
✗ allow contaminated towels or flannels to touch other items
✗ use one wipe to clean both eyes.
Diarrhoea and vomiting

Diarrhoea (where faeces are passed more urgently or frequently than usual – or at least three times in 24 hours - and are very loose or watery) and vomiting can be due to many causes, but sudden gastrointestinal symptoms in children are usually the result of an infection. In the UK, most cases of gastrointestinal illness in children are viral, with rotavirus being the most frequent cause. Almost every child will have had a rotavirus infection by their fifth birthday. Norovirus (winter vomiting disease) – the main cause of outbreaks in nurseries – and adenoviruses, are also frequent causes. Other causes include bacteria such as Campylobacter spp. (the leading cause of food-borne outbreaks [food poisoning]), Salmonella spp., and E. coli 0157 (see next page), and parasites such as Cryptosporidium spp. and Giardia spp.

The incubation period depends on the germ involved and can be from 1 hour to several days, but is usually 12–48 hours. Gastrointestinal infections can result from consuming contaminated food or drinks (food poisoning) or from contact with animals or their faeces. They can also spread from person to person through the faecal-oral route. The infected person can spread germs to other people, food and the surfaces around them (e.g. taps, door knobs and toilet flushes) when they touch them with unwashed hands or contaminate them with vomit or faeces. The germs can also spread when droplets disperse into the air during vomiting or toilet flushing. Some gastrointestinal germs can persist on surfaces for days or even months. The germs may be picked up from surfaces and transferred to the mouth via hands or food.

Most gastrointestinal infections are mild and resolve quickly. In children, diarrhoea usually lasts 5–7 days and vomiting lasts 1–2 days. Fortunately, complications from gastrointestinal infections are rare. However, gastrointestinal infections can be particularly dangerous for babies and young children because of the risk of dehydration. To help prevent dehydration, it is important to ensure that affected children receive plenty of fluids by continuing with their usual milk feeds or (if weaned) giving water to drink.

Gastrointestinal infections can spread quickly in nurseries, so it is important that anyone who has diarrhoea or vomiting stays away from the nursery until at least 48 hours after the symptoms have stopped. In some cases, further exclusion may be necessary (e.g. if a particular infection is diagnosed or the child is unable to practise good hygiene) and, if diarrhoea is due to Cryptosporidium spp., the affected person should not swim for at least 2 weeks after their symptoms settle. Some infected adults may only show mild symptoms, such as abdominal pain. However, they should still stay away from the nursery.

**Do**

- take a vomiting child to A&E if you suspect they have swallowed a harmful substance, or if vomiting is accompanied by symptoms of meningitis (see Meningitis)
- contact parents immediately to take home children who have vomiting or diarrhoea
- give the affected child plenty of fluids
- continue with a baby’s usual milk feeds
- request that anyone who has symptoms stays away from the nursery until at least 48 hours after the symptoms cease
- pay particular attention to hand washing
- remove spills of faeces or vomit immediately using disposable towels, then clean and disinfect contaminated surfaces
- clean and disinfect hand-contact surfaces at least daily, and preferably more often
- consult the CCDC and/or EHO for advice if two or more children are affected
- notify the regulatory authority (Ofsted or CSSIW) if you suspect two or more children have food poisoning
- inform other parents and staff
- exclude staff with symptoms for the whole of the required period.

**Don’t**

- give the affected child anything to eat while they await collection
- leave a sick child unattended.
**Escherichia coli 0157**

Most types of *E. coli* bacteria live harmlessly inside our intestines. However, *E. coli* 0157 can cause severe illness. This strain of *E. coli* is normally found in the intestines of animals, particularly cattle, but also pigs, goats, sheep, horses, deer, dogs and birds. You can catch it through:
- direct or indirect contact with animals or their faeces (e.g. at farms open to the public)
- eating contaminated food such as inadequately cooked meat
- drinking or bathing in contaminated water
- drinking unpasteurised milk.

The infection spreads easily from person to person through the faecal-oral route, particularly when children with poor hygiene habits are present. *E. coli* 0157 can cause a range of symptoms, from mild diarrhoea to severe abdominal pain with bloody diarrhoea and a fever. In most people, the symptoms resolve in 1–2 weeks. However, as with other gastrointestinal infections, there is a risk of dehydration, so it is important to ensure that affected children receive plenty of fluids. *E. coli* 0157 can sometimes cause kidney failure, and can be fatal, particularly for babies, young children and the elderly. Several serious outbreaks involving nurseries have occurred in recent years.

### Incubation period:
Ranges from 1–14 days (normally 3–4 days).

### Period of infectiousness:
Whilst excreting the bacteria. Most people excrete *E. coli* 0157 for about a week but some people excrete the bacteria for several weeks after the symptoms have stopped.

### Exclusion period:
At least 48 hours after symptoms have ceased. Tests may be necessary to determine when it is safe for the affected person to return to the nursery. The local Health Protection Unit will advise you.

### Treatment:
People who suspect they or their children have *E. coli* 0157 should contact their GP or out-of-hours service as soon as possible. It is important to drink plenty of fluids to avoid dehydration. Antibiotics are not recommended, and are likely to increase the risk of complications. Prompt referral to hospital is important at the first sign of any complication.

### Farm visits

Strict hygiene precautions are necessary to protect children from *E. coli* 0157 and other infections during visits to farms. You should refer to the Health and Safety Executive and the HPA advice when planning a farm visit.

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ ensure strict hygiene on farm visits</td>
<td>✘ let children eat or drink or put their hands in their mouths whilst visiting farm animals</td>
</tr>
<tr>
<td>✔ ensure children wash their hands after contact with farm animals and before eating</td>
<td>✘ let children have close facial contact with animals or let them touch faeces.</td>
</tr>
<tr>
<td>✔ suspect <em>E. coli</em> 0157 if anyone has vomiting or diarrhoea within 2 weeks of visiting a farm</td>
<td>✔ suspect <em>E. coli</em> 0157 if anyone has vomiting or diarrhoea within 2 weeks of visiting a farm</td>
</tr>
<tr>
<td>✔ contact parents to collect the affected child immediately</td>
<td>✔ contact parents to collect the affected child immediately</td>
</tr>
<tr>
<td>✔ contact the CCDC and/or EHO promptly (according to local guidelines)</td>
<td>✔ contact the CCDC and/or EHO promptly (according to local guidelines)</td>
</tr>
<tr>
<td>✔ notify your regulatory authority (Ofsted or CSSIW) if you suspect two or more children have <em>E. coli</em> 0157</td>
<td>✔ inform other parents and staff</td>
</tr>
<tr>
<td>✔ inform other parents and staff</td>
<td>✔ inform other parents and staff</td>
</tr>
<tr>
<td>✔ ensure rigorous hand washing, particularly after using the toilet and before handling food</td>
<td></td>
</tr>
<tr>
<td>✔ remove spills of faeces or vomit immediately and clean and disinfect the surrounding area</td>
<td>✔ ensure rigorous hand washing, particularly after using the toilet and before handling food</td>
</tr>
<tr>
<td>✔ clean and disinfect hand-contact surfaces at least daily, and preferably more often</td>
<td>✔ remove spills of faeces or vomit immediately and clean and disinfect the surrounding area</td>
</tr>
<tr>
<td>✔ ensure rigorous food and kitchen hygiene.</td>
<td>✔ clean and disinfect hand-contact surfaces at least daily, and preferably more often</td>
</tr>
</tbody>
</table>
Hand, foot and mouth disease

This is an acute, self-limiting viral disease. It is usually caused by the Coxsackie A virus, but it can also be caused by Coxsackie B and Enterovirus 71. Hand, foot and mouth disease is not the same as Foot and Mouth disease that affects cattle, sheep and pigs. You can’t catch hand, foot and mouth from animals.

Hand, foot and mouth disease causes small blister-like lesions to appear inside the mouth and throat. Lesions may also then appear on the palms, fingers and the soles of the feet, and occasionally on the buttocks and genitals. These are not itchy, but can be quite tender. Children may also have difficulty swallowing, loss of appetite, a slight fever and occasionally vomiting. The infection spreads by direct or close contact with the fluid from the sores and the discharges from the nose or throat of an infected person. The faeces are also infectious during the illness and can remain so for several weeks after the acute stage of the illness.

The infection is common in children less than 10 years old and outbreaks frequently occur in childcare settings. Older children and adults can get it too, but this is rare, as most adults develop immunity following exposure to the Coxsackie virus during their childhood. If an adult does develop the disease, their symptoms are usually very mild. There is a low risk of complications during pregnancy, so it is best if pregnant women avoid direct contact with anyone who has the infection and consults their GP or antenatal care provider if they think they have it, or if they develop any type of rash. It is possible to have hand, foot and mouth twice. However, those who have the illness are unlikely to get it again during the same outbreak.

<table>
<thead>
<tr>
<th>Incubation period:</th>
<th>3–5 days.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of infectiousness:</td>
<td>Throughout the acute stages of the illness (normally no longer than 7 days) but possibly longer since the virus persists in faeces for several weeks.</td>
</tr>
<tr>
<td>Exclusion period:</td>
<td>Usually none, but you should ask the CCDC for advice if many children are affected.</td>
</tr>
<tr>
<td>Treatment:</td>
<td>There is no specific treatment required. The blisters in the mouth usually clear within 4 days; those on the body usually last 7–10 days. A medicine, such as paracetamol or ibuprofen, can help relieve a sore mouth and fever symptoms. (Nursery staff should never administer any medicine to a child without parental consent. Always read the product label and patient information before use.) Swallowing may be painful, but it is important that children continue to drink plenty of fluids, to avoid dehydration.</td>
</tr>
</tbody>
</table>

Do

✔ ensure that articles soiled by nose and throat discharges, or faeces, are disposed of or decontaminated immediately
✔ ensure hands are washed frequently, especially after touching soiled articles
✔ ensure affected children drink plenty of fluids
✔ contact the CCDC if a large number of children in the nursery are affected
✔ inform parents and staff of an outbreak
✔ advise affected pregnant women to seek medical advice.

Don’t

✘ exclude affected children, unless the CCDC advises this
✘ allow children to share towels, cups or eating utensils
✘ let children scratch their lesions.
Measles

Measles is a highly infectious viral disease. The virus spreads through the air in droplets expelled from the mouth and nose of an infected person. You can catch measles by inhaling these droplets, through direct contact with an infected person, or by touching a surface they have contaminated (e.g. a used tissue or door handle) and then touching your mouth or nose. The virus can survive on surfaces for at least 2 hours.

Measles is most common in children aged 1–4 years. However, anyone who has not been immunised or previously had measles can catch it. The first symptoms usually develop about 10 days after exposure, and include a runny nose, fever, red eyes, a cough and Koplick spots (small white spots inside the cheeks). After a further 2–4 days, a spotty rash develops. This usually starts behind the ears and then spreads down over the face, neck and body. These symptoms generally last up to 14 days. Complications are common and can include ear and eye infections (conjunctivitis), diarrhoea, croup and pneumonia. Serious complications are less common, but can in rare cases lead to brain damage and even death. Fortunately, there is a vaccine – the combined measles, mumps and rubella vaccine (MMR) – which provides effective protection (see Immunisations).

Measles during pregnancy can cause early delivery or even loss of the baby, so it is particularly important that female staff of childbearing age have had two doses of the MMR vaccine. The vaccine can’t be given during pregnancy. If a pregnant woman is exposed to measles, she should contact her GP or whoever is providing her antenatal care, promptly for advice.

<table>
<thead>
<tr>
<th>Incubation period:</th>
<th>Usually about 10 days.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of infectiosity:</td>
<td>From 2–4 days before the rash appears and for about 4 days afterwards.</td>
</tr>
<tr>
<td>Exclusion period:</td>
<td>For 4 days after the rash appears.</td>
</tr>
<tr>
<td>Treatment:</td>
<td>If measles is suspected, the parent should consult their child’s GP promptly. The GP may give an injection of human normal immunoglobulin to particularly vulnerable individuals (e.g. some pregnant women and people with reduced immunity) to prevent or reduce the severity of measles. This is most effective if given within 72 hours of exposure. In most cases, rest and simple measures to reduce the fever are all that is necessary. Some children become sensitive to the light and want the curtains drawn. However, when there are more serious complications, hospital treatment may be necessary.</td>
</tr>
</tbody>
</table>

Do

✔ contact parents to collect the affected child immediately
✔ advise the affected child’s parent to contact their GP promptly
✔ ensure that affected children and staff are excluded for at least 4 days after the rash appears
✔ advise affected children and staff to avoid contact with pregnant women and vulnerable children
✔ advise pregnant women who may have been exposed to measles to seek medical advice
✔ advise parents of vulnerable and/or unvaccinated children to seek medical advice immediately
✔ inform other parents and staff
✔ notify the CCDC, who will advise on any necessary control measures
✔ inform your regulatory authority (Ofsted or CSSIW) promptly – measles is a notifiable disease.

Don’t

✘ allow anyone who has a potentially infectious rash into the nursery.
Meningitis

‘Meningitis’ means inflammation of the membranes surrounding the brain and spinal cord. It can be caused by bacteria, viruses and occasionally, fungi, and most frequently affects babies and young children. Bacterial meningitis can be life threatening and requires immediate medical attention. In infants, death can occur in a matter of hours if left untreated. Viral meningitis is more common. It is usually a milder illness and is rarely fatal.

In the UK, most bacterial meningitis is caused by Group B types of Neisseria meningitidis. It can also be caused by other types of Neisseria meningitidis (e.g. Groups A, C, W135, and Y), as well as pneumococcal bacteria and Haemophilus influenzae Type b (Hib). Vaccines against Group C meningitis, pneumococcus and Hib form part of the national immunisation schedule (see Immunisations). However, these vaccines don’t provide any protection from Group B and other types of meningitis.

Many people carry the bacteria that cause meningitis in the back of their nose and throat for weeks or months, without getting ill. The infection does not spread easily, so if someone develops meningitis, the risk that someone else will get it is usually low. You need to have frequent or close prolonged contact with an infected person to pick it up. It spreads by inhaling respiratory droplets expelled by an infected person and through direct contact (e.g. by kissing). Symptoms may start with signs of upper respiratory infection, followed by headache, fever, vomiting, nausea, drowsiness, stiff neck, specific rash and an aversion to bright light. However, symptoms are highly variable. A red/purple bruise-like rash that does not fade under pressure is very serious because it indicates septicaemia (blood poisoning). Further information and a useful guide for nurseries are available from the Meningitis Trust. The Meningitis Research Foundation also provides useful leaflets and posters.

<table>
<thead>
<tr>
<th>Incubation period:</th>
<th>Highly variable.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of infectiousness:</td>
<td>Duration of illness/carriage.</td>
</tr>
<tr>
<td>Exclusion period:</td>
<td>Viral meningitis – None; Bacterial meningitis – Until recovered.</td>
</tr>
<tr>
<td>Treatment:</td>
<td>Treatment of viral meningitis is based on good nursing care. For bacterial meningitis, urgent treatment with antibiotics and appropriate hospital management is essential. Close contacts of cases may need a course of antibiotics. The CCDC will advise on this. Recovery from bacterial meningitis can be very slow. Behaviour, appetite and development may be affected, as well as hearing and vision in some cases. However, if it is detected and treated quickly, most children who contract bacterial meningitis make a full recovery.</td>
</tr>
</tbody>
</table>

**Do**

✔ make sure staff know the symptoms of meningitis in babies and young children
✔ display literature available from the Meningitis Trust and the Meningitis Research Foundation
✔ take immediate action if you suspect a child has meningitis – get medical help straight away
✔ telephone the CCDC who will advise you what to do and whether close contacts need treatment
✔ exclude anyone with bacterial meningitis until they have recovered
✔ inform other parents and staff
✔ inform your regulatory authority (Ofsted or CSSIW) promptly – bacterial meningitis is a notifiable disease.

**Don’t**

✘ forget that adults can have meningitis too
✘ exclude siblings and close contacts of a child with meningitis.
Ringworm

Ringworm is not caused by a worm. It is caused by various species of fungi. Ringworm (Tinea) can occur on the scalp (Tinea capitis), body (Tinea corporis), groin (Tinea cruris), hand (Tinea manuum), foot (Tinea pedis or athlete’s foot) or nail (Tinea unguium). It spreads by direct skin contact with an infected person and by indirect contact, e.g. scalp ringworm can spread via objects contaminated with hair from an infected person, such as hats, combs, brushes and seat backs. Ringworm also spreads through direct contact with infected animals such as cats, dogs, cattle, horses or wild animals, and sometimes through contact with contaminated soil. The infection is common in children and it is possible to have it more than once. It can also spread from one area of the body to another, e.g. from the feet to the scalp, via fingers.

Ringworm on the skin first appears as a small red spot that spreads and leaves scaly patches. The patch grows from the outside while the centre heals giving a characteristic ring-like appearance. Ringworm of the scalp causes similar round bald patches. With athlete’s foot, the skin between the toes becomes white and soft. If this skin is removed, sore red skin is revealed. If the nails are affected, they become thickened, brittle and discoloured.

<table>
<thead>
<tr>
<th>Incubation period:</th>
<th>2–38 weeks (possibly longer).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period of infectiousness:</td>
<td>As long as a lesion is present. Possibly indefinite unless treated.</td>
</tr>
<tr>
<td>Exclusion period:</td>
<td>Usually none but treatment is required.</td>
</tr>
<tr>
<td>Treatment:</td>
<td>Most infections are mild and can be treated by applying an antifungal cream to the affected area. Suitable creams can be obtained from a pharmacist or GP. It is important to continue treatment until the skin is completely clear (usually 2–4 weeks). Those with scalp and nail infections should see their GP, as they may need a prescription for oral antifungal tablets. They may also need to apply an antifungal cream to help prevent cross-infection.</td>
</tr>
</tbody>
</table>

Do

✔ ensure affected children and staff see their GP or pharmacist promptly for treatment
✔ ensure affected children continue their treatment as instructed
✔ inform other parents and staff and reassure them that ringworm is easily treated
✔ advise other parents and staff to check for signs of infection
✔ check for and treat any symptomatic pets
✔ pay particular attention to hand washing.

Don’t

✘ allow children to share hats, towels, flannels, brushes, combs or bed linen
✘ allow children to scratch the affected areas.
Threadworm

Threadworms are the most common intestinal worm infestation in the UK. They are sometimes called ‘pinworms’, or more accurately Enterobius vermicularis. They are more common in children than in adults. However, immunity does not develop and reinfection is common.

The usual symptom is itching of the skin around the bottom caused by the female worms laying eggs on the skin around the anus. The itchiness is often more noticeable at night and can disturb a child’s sleep. Repeated scratching can cause the skin to become infected and broken. Persistent infection can lead to loss of appetite, weight loss, insomnia and bed-wetting.

Scratching the anal area leads to the eggs being transmitted on fingers to the mouth, often via food eaten with unwashed hands. The infection can also spread through contact with clothing, bedding and other articles contaminated with the worm’s eggs. If threadworm eggs are present on these articles, they can remain viable for up to 3 weeks. The eggs are so small that you can’t see them, but you may be able to see the worms in the faeces. They look like tiny pieces of white thread.

Incubation period: 15–28 days.
Period of infectiousness: Possibly indefinite if untreated.
Exclusion period: None but the child and household contacts need treatment.
Treatment: Oral treatments are usually effective but their use must be combined with hygienic measures to break the cycle of reinfection. All affected people should see their GP or pharmacist for advice. If a member of the household has threadworm, the entire family will need treatment, even if they have no symptoms. It is important to continue treatment as directed by the GP or pharmacist.

Do

✔ advise parents to seek treatment from their GP or pharmacist
✔ inform other parents and staff
✔ gently wash an affected child’s bottom every time you change a nappy
✔ discourage scratching of the anal area
✔ advise that affected children wear clean underpants to sleep in
✔ advise that affected children wash their hands immediately on waking
✔ encourage frequent changes of underwear, night clothes and bedding, and daily morning showers
✔ wash clothing, bedding and other fabrics on a hot wash (at least 60°C) to help destroy any eggs
✔ encourage good personal hygiene at all times
✔ ensure hands are washed and dried after using the toilet or potty, or changing a nappy, and before eating
✔ vacuum carpets and damp dust surfaces daily.

Don’t

✘ allow children to share towels and flannels
✘ allow children to bite their nails or suck their fingers
✘ exclude affected children from the nursery
✘ blame pets – cats and dogs may carry other worms in their intestines, but not threadworms.
First aid and medicines

There must be at least one person who has a current first aid certificate on the premises (when children are present) or on outings at all times. First aid training must be appropriate to the age of children cared for. In Wales, the National Minimum Standards require that at least 50% of the staff on the premises at any one time are trained in first aid for infants and young children. In England, the first aid training must be approved by the local authority in whose area the nursery is located, and appropriate to the age of children cared for.

The Health and Safety (First Aid) Regulations 1981 requires you to have adequate and appropriate equipment, facilities and personnel to ensure staff receive immediate attention if they are injured or taken ill at work. In England, the EYFS document also requires you to have sufficient first aid boxes with adequate contents to meet the needs of the children. In Wales, the National Minimum Standards state that a childcare setting should have a first aid box complying with the Health & Safety (First Aid) Regulations 1981.

All nurseries should carry out an assessment to determine their first aid needs. You may need a first aid box in each room and a separate kit for taking on outings. Minimum contents might include:

- a leaflet giving general guidance on first aid (e.g. from the Health and Safety Executive)
- twenty individually wrapped sterile adhesive dressings (assorted sizes)
- two sterile eye pads
- four individually wrapped triangular bandages (preferably sterile)
- six safety pins
- six medium-sized individually wrapped sterile unmedicated wound dressings
- two large sterile individually wrapped unmedicated wound dressings
- disposable gloves.

You or a designated member of staff should check the contents regularly against a list and replace them as necessary. The box should be clearly identifiable and easily accessible to staff but kept out of reach of children.

When a child is placed in your care, you must:

- request written parental permission to seek any necessary emergency medical advice or treatment in the future
- keep records of any accidents, injuries and first aid given and inform parents of these (NDNA provides suitable templates)
- notify local child protection agencies of any serious accident, injury or death, and act on any advice given
- notify the relevant regulatory authority (Ofsted or CSSIW) of any serious accident, illness, injury or death, and the action taken as a result
- notify the regulatory authority as soon as is reasonably practicable, and at least within 14 days of the incident.

Children with some medical conditions (e.g. diabetes or asthma) may need access to medicines whilst in your care. You must have an effective policy to support such children and manage their medicines. You must obtain prior written parental permission before giving each and every medicine to a child, keep written records of each dose given and inform parents of this. If the administration of prescription medicines requires technical or medical knowledge, staff training should be provided by a qualified healthcare professional and should be specific to the individual child concerned. NDNA and the DfE both provide guidance to help you develop an effective medicines policy.

Do

✔ wash and dry your hands before and after performing first aid or giving any medicines
✔ cover any cuts or abrasions on hands with a waterproof dressing
✔ clean up any blood spills immediately
✔ ensure that first aid certificates are renewed every 3 years
✔ inform all staff and parents of your policies and procedures
✔ store medicines according to the instructions and in their original containers
✔ check medicines are clearly labelled with the appropriate child’s name.

Don’t

✘ store tablets, creams or medicines in first aid boxes
✘ administer any medicines to children without prior written parental consent
✘ forget to take a first aid kit on outings with the children.
References


A global initiative
We believe that everyone everywhere has the right to good health. That's why we have launched our Mission for Health throughout the world. With the weight of 70 years as a trusted hygiene brand behind us, our passion and expertise in killing germs will make a significant difference to people's lives.

Promoting good hygiene
Working with healthcare professionals and associations, such as the European Paediatric Society, the Infection Prevention Society and National Day Nurseries Association, Dettol has developed a number of local initiatives to promote good hygiene in the home and in community settings, such as nurseries.

New motherhood
Dettol is particularly committed to improving the health and wellbeing of new mums and their babies by educating mothers and others who look after babies about the importance of good hygiene.

Disaster relief
Through a donation to Save the Children, we are supporting disaster relief efforts by addressing the health and hygiene needs of families and children, when and where it is needed most.

Find out more at www.dettol.co.uk/missionforhealth. You can also visit our Facebook page to join our Mission. Together we can do more in your home, in your community and beyond.